v.								Application or Docket Number					
	PATENT	RD	09903474										
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
To	TAL CLAIMS		Column		(Summa)					OR	SMALL		
							RA		FEE	4	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASI	FE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			// S minus 20=				X\$	X\$ 9≖		OR	X\$18=		
INC	EPENDENT C	LAIMS	/ minus 3 =				X4	X40=		OR	X80=	80	
MULTIPLE DEPENDENT CLAIM PRESENT							+13	+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter *0" in column 2							TO1	TOTAL		OR	TOTAL	200	
CLAIMS AS AMENDED - PART II								_	<b></b>	, -, ,	OTHER	THAN	
(Column 1) (Column 2) (Column 3)							SMA	LL.	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT	Œ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· /8	Minus	/	8		XS:	9=		OR	X\$18=		
	Independent	. 4	Minus	*** 4	4_	-	X40	) <del>=</del>		OR	X80=	·	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+13				+270=		
								)= ITAL		OR	TOTAL		
5-340 (Column 1) (Column 2) (Column 3)								ADDIT. FEEOR ADDIT. FEE					
	5-200	(Column 1)	PART TOTAL	(Colur		(Column 3)		_					
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 18.	Minus	18		=	X\$ 9	)=		OR	X\$18=		
	Independent	NTATION OF MIL	Minus	4	CI AIRA	]=	X40	=		OR	X80=		
	PINOT PRESE	NIAHON OF ME	LIIPLE DEP	ENDENT	CCAIN	السلط	+135			OR	+270=		
	1/3/06						ADDIT.	TAL		OR	TOTAL ADOIT, FEE		
	110100	(Column 1)		(Colum		(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER JUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 18	Minus	18	1	<del>0</del>	X\$ 9	=		OR	X\$18=		
	Independent	• 4	Minus	••• 4		•	X40				X80=		
	FIRST PRESE	NTATION OF ML	ILTIPLE DEP	ENDENT	CLAIM		+135	-		OR		_	
• #	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											TOTAL DDIT. FEE		
		their Previously Pair					ound in th	app	propriate box	in colu	ann 1.		

FORM PTO-875 (Rev. 6/00)

Petent and Trademark Office, U.S. DEPARTMENT OF COMMERCE